



AUTHORIZATION FOR REGISTRATION OF ANTIFREEZE

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF WASTE MANAGEMENT

SFN 7054 (4-2007)

Name of Applicant		Application Date	
Name of Company			
Mailing Address	City	State	Zip Code
Street Address	City	State	Zip Code

Brand Name(s) of Antifreeze	

ATTACH:

- Label and other printed material describing each product.
- \$40 registration fee for each product.

This application is for registration of antifreeze(s) under the provisions of Chapter 19-16.1 North Dakota Century Code.

Signature of Applicant

SEND APPLICATION TO:

ND Department of Health
Division of Waste Management
918 E. Divide Ave., 3rd Floor
Bismarck, ND 58501-1947

Telephone: 701-328-5166
Fax: 701-328-5200
Website: www.ndhealth.gov/wm

BOTTOM PART OF FORM FOR STATE USE ONLY

CERTIFICATE OF REGISTRATION

This certifies that the above-named product is registered in accordance with the North Dakota Antifreeze Law, and sale is authorized in North Dakota when sold, offered, or exposed for sale under a label and other information exactly as they appear above, and in compliance with the laws of North Dakota.

THIS CERTIFICATE OF REGISTRATION DOES NOT IMPLY ANY RECOMMENDATION OR APPROVAL OF THE PRODUCT(S)

Registration Number

Registration Expires